

TRAINING COUNSELORS FOR
THE BLIND
by
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Results of In-Service Training for Professionals

TRAINING COUNSELORS FOR THE BLIND

WILLIAM S. WOOD

Publications expeditor, farmer, carpenter, construction worker—these are some of the placements of blind persons which have resulted from the in-service training programs for counselors which have been given during the past year at Southern Illinois University.

Purpose of the program is to provide training of professional personnel responsible for employment opportunities for blind persons in competitive occupations. Objectives include improvement of quality of the jobs on which blind persons are placed; expansion of employment opportunities for the blind; and increasing the number of blind rehabilitants.

Five 6-week courses have already been held with grants from the Office of Vocational Rehabilitation; three more have been scheduled.

Through consultation with authorities in the field of work for the blind, the Office of Vocational Rehabilitation recognizes a need for professional training in the following areas: (1) General counselors for the blind; (2) home teachers who provide services to the adult blind; (3) supervisory personnel in vending stand programs; (4) counselors responsible for providing counseling, training, and placement services to blind persons in the professions. State personnel who have primary responsibility for placing blind persons are given first consideration for training.

Southern Illinois was selected because it has several unique advantages. It is centrally located for the Nation, has housing for trainees conveniently located, affords a wide variety of vocational shops at its Vocational Technical Institute for shop training, and has the needed type of faculty for classroom instruction.

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Development of a curriculum for the training course was accomplished with the assistance of consultants from OVR and the American Foundation for the Blind. The body of knowledge on which this course is based grew out of similar training courses conducted by the OVR staff from 1944 to 1948. A basic philosophy of this type of training is that the counselor engaged in the placement of blind persons should become familiar with modern business and industry, so that he may build and maintain an employment program in his area in which blind workers may be employed on jobs at the level of their competence. This will tend to reduce "lag-time" between "ready for employment" and actual job placement. Also, developing his employer relations in advance, the counselor will know where to find a job for a particular applicant with specific skills and abilities.

The course also emphasizes the responsibility of the counselor for seeking and developing job opportunities which may be performed with little or no sight, thus reducing the possibility of danger of a category of "jobs for the blind" being created. Jobs in our mass production economy were developed by people with sight for people with sight; therefore, the course content emphasizes, through a combination of didactic learning and peripatetic experiences, the importance of counselors' selecting, analyzing, and demonstrating jobs which may be performed with little or no sight. This implies that the blind worker has to adjust to the "sighted world of work" rather than the world of work adjusting to the blind person.

During the first 2 weeks, trainees attend lectures on:

(1) *Human Behavior*. These are given by a counseling psychologist from the staff of the rehabilitation counselor training program. He explains

ring with his entire functioning. A right chemopallidectomy was performed with marked success in relieving the symptoms on the left side of his body. Within 6 months after surgery he had returned to work, was completely independent in all self-care activities, and could even fly his own airplane.

C.T. is a 40-year-old housewife who had a 5-year history of tremor and rigidity on the left side of her body when seen prior to surgery. The disability was beginning to interfere with her housework and her social life, as well as her emotional and mental functioning. She underwent right chemothalamectomy with complete relief of tremor and rigidity on her left side. Within 2 months after surgery she was able to return home and resume her usual self-care and household chores. She is able to move about normally and has returned to all of her activities. In a unilateral type of symptom picture, such as this patient demonstrated, a successful operation can make the patient completely normal.

A 51-year-old minister, Reverend N.T., first noticed a tremor on the upper right extremity some 3 years prior to surgery. This progressed to the degree where it began to interfere with his ministerial functions, although it did not markedly limit his self-care activities. Surgery was carried out with complete relief of symptoms and within 6 months the patient returned to a full work schedule. He was able to speak in front of a large assembly without the slightest trace of tremor in his right arm.

In summary, for the past 6 years chemosurgery combined with a multidisciplinary approach to rehabilitation has been carried out in over 1,200 Parkinsonians. The selection of appropriate patients for surgery is of great importance. On the basis of clinical and statistical studies it is estimated that at present approximately 80 percent of the patients undergoing surgery can achieve alleviation in tremor and rigidity with an overall risk of 2 percent mortality and 2 percent serious complication. Initially the chemosurgery project was essentially a neurosurgical and neurological one, but with the passing of years a complete rehabilitation and research team has been integrated into the program to the degree where it is now truly multidisciplinary in nature.

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RESEARCH AND ITS APPLICATION

Spending millions for research and pennies for application is like buying bread and not eating it, since medical research remains sterile until the results of research are applied and actually bring about a betterment in man's health.

A successful industry constantly strives to keep its various stages of product development and marketing in balance.

Equal emphasis is placed on all phases of the industrial process: (1) research and development; (2) applied research (the pilot plant); (3) production, and (4) sales and distribution.

No industry can translate even the most ingenious invention into dollar profits if the invention is not whipped into marketable shape through applied research; produced in large quantities so that it can be sold at a competitive cost; and sold and distributed by a highly efficient sales force using the most modern methods of mass motivation.

—Dr. A. L. Chapman, Chief, Division of Special Services, Public Health Service, U.S. Department of Health, Education, and Welfare.

formance of a selective job. Trainees are assigned jobs on which they are required to develop a job analysis for blind persons.

(5) *Shopwork at Vocational Technical Institute.* Here trainees are shown how to develop a demonstration technique which they will need in selecting, analyzing, and demonstrating to employers jobs which may be performed without sight. They are taught to use the "4-step safety pattern," essential in the development of a good demonstration technique. Also provided is training experience in the machine shop, automobile shop, and wood shop.

For the second 2-week period the class is moved to East St. Louis, Ill., for actual experience in business and industry. The class is divided into three groups for mobility and ease of handling in plants. Each group visits about 20 plants where they observe blind people at work and also participate in job performance. Their experiences are not confined strictly to those jobs which may be performed without sight but also include jobs which cannot be performed without sight. It is just as important for the counselor to be able to reject a job as it is to accept one.

This peripatetic experience has several beneficial results. Trainees have an opportunity to explore, observe, and participate in a wide variety of job operations; they are provided with an opportunity to apply the principles of job analysis with respect to blindness; they are able to apply in a practical manner the "4-step safety pattern"; and, through practical experience, they are provided an opportunity to perfect their technique.

Plant visits have benefited not only the trainees but also blind people in the metropolitan area of East St. Louis, Ill.-St. Louis, Mo., who profited through the opening of job opportunities as a direct result of the course.

During the 2-week period in the East St. Louis area, 4 half-day periods are devoted to open discussions by the trainees, thus broadening the experience of the entire class. For the last 2-week period, the trainees return to Southern Illinois campus where the concepts thus far evolved are hardened and applied to the development of employment opportunities for blind persons in competitive occupations. This period is divided between classroom lectures and further field experience.

Lectures cover a wide range of subjects, including labor relations, the organization and function of labor unions, and joint responsibilities of management and labor to the community; community development—how to survey a community and cultivate it to accomplish the program objectives; building community resources through relationships with various types of community agencies such as the State Employment Service, local Chamber of Commerce, and welfare and health agencies; building and maintaining employer relations; special problems in placement; and field experience through visits to industrial plants in nonindustrial areas.

The latter is an effort to acquaint the counselor with the methods and techniques used in developing employment opportunities for blind persons in rural or semirural areas. Again the class is divided into three groups and each group visits several small plants in the Carbondale area where they observe job operations and participate in job performance, applying methods and techniques previously acquired.

During the first five courses, 62 counselors, representing 29 States, 1 territory, and 1 foreign country have received training at Southern Illinois under this program. Although it is optional, counselors may earn four semester hours of either graduate or undergraduate credit in guidance for this course.

Other Training Projects for the Blind

The Office of Vocational Rehabilitation, through its training and research grant programs, is sponsoring in cooperation with other agencies and organizations of the blind, training and research projects which will provide the field of work for the blind with professional personnel in the following areas:

Training Course for Instructors in Industrial

Arts Training for Blind Students. State College of Education, Oswego, N.Y. Provides instructors with additional skills, methods, and techniques in preparing blind students for vocational rehabilitation through industrial arts training.

Counselor Training Course in Rural Occupations. University of Kansas, Manhattan, Kans. Designed to acquaint counselors in agencies serving

the mechanisms of adjustment employed by the human being in coping with frustrations which he encounters in his social and work environment.

(2) *Management*, its organization and function. Lectures are divided into three sections: (a) Principles of management, which explains the function of top management and its role of planning, defining enterprise objectives, financing, and staffing and directing the organization in its relationship with subordinate levels of management through the delegation of responsibility and authority so that enterprise objectives may be achieved; (b) production management—the responsibility for producing goods and services for a profit; and (c) supportive staff services which include accounting, personnel services, and safety.

(3) *Basic Principles of Selling* includes lectures on the ethical approach of selling: The difference between professional selling and so-called “high pressure” selling.

These lectures also include a detailed explanation of the five steps of a sale: (a) Preapproach: developing information concerning the person and

company to be contacted by securing the name and title of the person, knowledge of what the company produces, and the number of employees; (b) The Sales Approach: the sales presentation describing the advantages of the goods or services offered for sale; (c) Demonstration: through the use of a good demonstration technique, showing how the goods or services will benefit the prospective buyer; (d) Closure: securing a commitment to buy goods or services offered for sale; (e) Followup: followup services by the salesman to determine that his goods or services will achieve the desired results.

By adapting the foregoing five steps of a sale, the placement counselors are able to apply this approach to the placement process in selling and maintaining an employment program for blind persons.

(4) *Job Analysis*. This includes the principles of job analysis which cover the “how,” “what,” and “why” of job structure and performance, and job analysis with respect to blindness. The latter includes alternative and substitute methods and skills which may be used by a blind worker in the per-



Southern Illinois University Photo Service

Randy Green, placement counselor, Texas Commission for the Blind, being shown how to operate a lathe by Frank Mue-

hich, machine shop instructor, Southern Illinois University, during 1959 training course. Other “students” observe.

e blind with methods of developing employment opportunities in rural occupations.

Training for Mobility Instructors. Boston College, Boston, Mass. Will fill an unmet need for trained mobility instructors in rehabilitation centers serving the blind and in public and private agencies serving the blind.

Vending Stand Training. San Francisco State College, San Francisco, Calif. Harbridge House has established the first of two training courses for supervisory personnel who have policymaking responsibilities in vending stand programs for the blind. The second course will be held later in the year at a university or college in the eastern part of the Nation. Several shorter courses for supervisors with day-to-day management responsibilities in vending stand programs will also be held in the near future.

In addition to these highly specialized courses, the Office of Vocational Rehabilitation is supporting rehabilitation counselor training and social casework training. These fields contribute directly to the improvement of services to blind persons by pro-

viding trained personnel for rehabilitation counselor and social casework positions in agencies serving the blind. An OVR-supported research project by the American Association of Workers for the Blind aims to determine the occupational activities of home teachers for the blind, to establish a professional training course which will enhance the professional skills of the home teacher.

A grant has been made to the Pennsylvania Office for the Blind to develop a body of knowledge which will result in the establishment of a training course for counselors in the placement of professionally trained blind persons. Georgetown University has been given a grant for training ophthalmologists to increase their understanding of blindness and how blind persons may benefit from vocational rehabilitation services.

This is a partial listing of special projects designed to improve the delivery of professional services to blind persons. There are a large number of local, State, and regional training courses which supplement these projects.

PUBLICATIONS

Rehabilitation and Labor Health Services . . . Guidelines for Action. A report of The National Institute on Rehabilitation and Labor Health Services. Washington, D.C. 77 pp. Jan. 1960.

It is commonplace for health and welfare workers to bemoan a lack of understanding by population groups to whom their services are dedicated. In this report we are gratified to see something done about it.

Here are two large movements of people and ideas in America. One is organized labor the roots of which go back over a century. Since World War II, labor unions have become increasingly concerned about improved financing and organization of health services for members and their families. The other movement is rehabilitation, which also has early origins and likewise has emerged as a major sector of health and welfare service in the last 20 years.

Each of these movements is related to a

larger world of affairs: Organized labor, to the whole structure of American industry where it is concerned with the productive process and bargain continuously for greater benefits for its members; rehabilitation, on the other hand, is part of the structure of government at all levels, and it is also identified with voluntary social welfare efforts and the whole field of medicine. Yet organized workers and rehabilitation personnel have obviously everything to gain from the closest understanding of each other, their goals, their structure, their methods of work.

After months of preparation, two national organizations, with a grant from Office of Vocational Rehabilitation, launched a conference which brought together leaders of both of these movements. Some 200 representatives of the Group Health Association of America (which includes the former American Labor Health Association) and the National Rehabilitation Association met in Atlanta

City, N.J., for 3 days in late 1959. Basing their discussions on carefully prepared working papers, these knowledgeable men and women explored ways in which organized labor and the rehabilitation movement could cooperate to reach their objectives.

Like the conference agenda, the published report is presented in four parts. The first gives "guidelines for labor unions in obtaining rehabilitation services for union members and their families." Here are summarized the principal public and voluntary resources for helping handicapped persons, and how they can be effectively used: Five cash disability programs, official programs for promoting employment of the handicapped, numerous governmental services for financing medical and other rehabilitation services for disabled adults or children, and services of health departments, welfare departments, and general hospitals. Specific suggestions are made on how workers can be expeditiously referred to each of these widely available resources. The key roles for rehabilitation, which union counselors and insurance claims examiners may play, are explained.

Guidelines for Action

The second part of the report examines the structure and functions of organized labor in America; it gives a sort of primer for the benefit of rehabilitation personnel. International unions, State central labor bodies, and other organs of the trade union movement are explained. Opportunities for involvement of labor representatives on boards and committees of rehabilitation agencies are discussed, as well as methods of reaching rank and file union members through educational activities. Specific guidelines for action are offered at national, State, and local levels. For example: "Rehabilitation organizations providing speakers for union-sponsored meetings should brief them on the importance of making their presentations on a practical rather than a philosophical basis, to use non-technical language wherever possible, and to avoid 'talking down' to their audience."

The third section deals with health programs already operating within the framework of industry and organized labor, and explores how greater rehabilitation content can be infused into them. Various types of health insurance are reviewed—cash indemnity, service benefits of a limited scope, and comprehensive medical care insurance. Labor health centers (about 60 of these in the

Nation) and the self-insured program of the United Mine Workers of America Welfare and Retirement Fund are described. The section also includes detailed suggestions on how provisions for rehabilitation can be incorporated into prepaid indemnity and service health plans, on the one hand, and into direct medical service plans (usually, but not always through labor health centers), on the other. Typical proposals: "Prepaid indemnity and service plans—labor unions should investigate the possibilities of including a rehabilitation clause in their health insurance contracts." And "Direct medical service plans—a staff physician should be assigned the responsibility of 'sparking' a rehabilitation approach to all cases on the part of the professional staff."

Counseling Injured Workers

Perhaps the thorniest problems are encountered in the fourth part of the report, on rehabilitation in workmen's compensation programs. More than other types of handicap, compensable injuries are often complicated by a conflict of interests among insurance companies, employers, physicians, lawyers, labor unions, and workers. Many of the State laws are framed under the cash-award conceptions of 40 years ago, rather than the rehabilitation conceptions of today. Their operation may even discourage the worker from seeking rehabilitation, for fear of losing financial awards which he badly needs. The report calls for "counseling of injured workers by trained professional personnel with *no actual or potential financial interest in the case.*" [Italics in the original.] It proposes specific forms of cooperation between State workmen's compensation and vocational rehabilitation agencies.

Throughout this hard-hitting report, data are interspersed on the volume of handicapping conditions in the United States and the extent of the agencies, facilities, and personnel available to cope with them. It contains an appendix bringing together more of such basic data, with definitions of terms. A particularly useful analysis is given of the approximately 100 rehabilitation centers now in operation.

—Milton I. Roemer, M.D.,
Director of Research, Sloan Institute of Hospital Administration, Graduate School of Business and Public Administration, Cornell University.

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